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| CLAIMS ONLY | Application Number 10109175 | Filing Date |
| | Applicant(s) | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|-----------------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | 51 | | | | | |
| 3 | | | | | | | | 52 | | | | | |
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| 15 | | | | | | | | 64 | | | | | |
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| 18 | | | | | | | | 67 | | | | | |
| 19 | | | | | | | | 68 | | | | | |
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| 37 | | | | | | | | 86 | | | | | |
| 38 | | | | | | | | 87 | | | | | |
| 39 | | | | | | | | 88 | | | | | |
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| 45 | | | | | | | | 94 | | | | | |
| 46 | | | | | | | | 95 | | | | | |
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| 48 | | | | | | | | 97 | | | | | |
| 49 | | | | | | | | 98 | | | | | |
| 50 | | | | | | | | 99 | | | | | |
| Total Indep | 3 | | | | | | | 100 | | | | | |
| Total Depend | 11 | | | | | | | Total Indep | | | | | |
| Claims | 14 | | | | | | | Total Depend | | | | | |
| | | | | | | | | Claims | | | | | |